

# State Innovation Model

## Provisional Quality Measure Set -- as of 5/13/15

Consumer Experience							
Measure	NQF	ACO	Measure Description	Pediatric/ Women's Health	Measure Steward	eCQM	Proposed Data Source
<b>PCMH CAHPS</b>	0005		Consumer Assessment of Healthcare Providers and Systems ® CAHPS - PCMH version with supplemental items to address BH specialty access and methods of administration to optimize response rate of vulnerable populations				Survey

Prevention							
Measure	NQF	ACO	Measure Description	Pediatric/ Women's Health	Measure Steward	eCQM	Proposed Data Source
<b>Breast cancer screening</b>	2372	20	The percentage of women 50-74 years of age who had a mammogram to screen for breast cancer.	WH	NCQA		Claims
<b>Cervical cancer screening</b>	0032		Percentage of women 21–64 years of age who were screened for cervical cancer using either of the following criteria: - Women age 21–64 who had cervical cytology performed every 3 years. - Women age 30–64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years.	WH	NCQA	eCQM	Claims
<b>Chlamydia screening in women</b>	0033		The percentage of women 16–24 years of age who were identified as sexually active and who had at least one test for Chlamydia during the measurement year.	WH	NCQA	eCQM	Claims
<b>Colorectal cancer screening</b>	0034	19	The percentage of patients 50–75 years of age who had appropriate screening for colorectal cancer.		NCQA	eCQM	EHR
<b>Preventive care and screening: influenza immunization</b>	0041	14	Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization		AMA-PCPI <sup>1</sup>	eCQM	EHR

<sup>1</sup> American Medical Association - Physician Consortium for Performance Improvement

Prevention								
Measure	NQF	ACO	Measure Description	Pediatric/ Women's Health	Measure Steward	eCQM	Proposed Data Source	
<b>Preventive care and screening: body mass index screening and follow-up</b>	0421	16	Percentage of patients aged 18 years and older with a documented BMI during the current encounter or during the previous six months AND when the BMI is outside of normal parameters, a follow-up plan is documented during the encounter or during the previous six months of the encounter. Normal Parameters: Age 65 years and older BMI > or = 23 and < 30 Age 18 – 64 years BMI > or = 18.5 and < 25		CMS	eCQM	EHR	
<b>Weight assessment and counseling for nutrition and physical activity for children/adolescents</b>			Percentage of patients 3-17 years of age who had an outpatient visit with a primary care physician (PCP) or an OB/GYN and who had evidence of the following during the measurement year:- Body mass index (BMI) percentile documentation- Counseling for nutrition- Counseling for physical activity		NCQA	eCQM	EHR	
<b>Developmental screening in the first three years of life*</b>	1448		The percentage of children screened for risk of developmental, behavioral and social delays using a standardized screening tool in the first three years of life. This is a measure of screening in the first three years of life that includes three, age-specific indicators assessing whether children are screened by 12 months of age, by 24 months of age and by 36 months of age.	P	OHSU		Claims	
<b>Well-child visits in the first 15 months of life*</b>	1392		Percentage of patients who turned 15 months old during the measurement year and who had the following number of well-child visits with a PCP during their first 15 months of life. Seven rates are reported: •No well-child visits •One well-child visit •Two well-child visits •Three well-child visits •Four well-child visits •Five well-child visits •Six or more well-child visits	P	NCQA		EHR	
<b>Well-child visits in the third, fourth, fifth and sixth years of life*</b>	1516		Percentage of patients 3–6 years of age who received one or more well-child visits with a PCP during the measurement year.	P	NCQA		EHR	
<b>Adolescent well-care visits*</b>			This measure is used to assess the percentage of enrolled members 12 through 21 years of age who had at least one comprehensive well-care visit with a primary care practitioner (PCP) or an obstetrics and gynecology (OB/GYN) practitioner during the measurement year.	P	NCQA		EHR	

\*Measures with an asterisk are pediatric prevention composite measures

Prevention							
Measure	NQF	ACO	Measure Description	Pediatric/ Women's Health	Measure Steward	eCQM	Proposed Data Source
<b>Pediatric behavioral health screening</b>	0722		<b>(Outcome measure)</b> The Pediatric Symptom Checklist (PSC) is a brief parent report questionnaire that is used to measure overall psychosocial functioning in children from 4 to 16 years of age. Originally developed to be a screen that would allow pediatricians and other health professionals to identify children with poor overall functioning who were in need of further evaluation or referral, the PSC has seen such wide use in large systems that it has been used as an outcome measure to assess changes in functioning over time. In addition to the original 35 item parent report form of the PSC in English, there are now many other validated forms including translations of the original form into more than a dozen other languages, a youth self report, a pictorial version, and a briefer 17 item version for both the parent and youth forms	P	Mass General		Claims
<b>Preventative care and screening: tobacco use; screening and cessation intervention</b>	0028	17	Percentage of patients aged 18 years and older who were screened for tobacco use at least once during the two-year measurement period AND who received cessation counseling intervention if identified as a tobacco user		AMA- PCPI <sup>2</sup>	eCQM	EHR
<b>Preventive care and screening: screening for high blood pressure and follow-up documented</b>		21			QIP <sup>3</sup>		EHR
<b>Preventive care and screening: screening for clinical depression and follow-up plan</b>	0418	18	Percentage of patients aged 12 years and older screened for clinical depression using an age appropriate standardized tool AND follow-up plan documented		QIP	eCQM	EHR
<b>Prenatal Care &amp; Postpartum care</b>	1517		The percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care.  • Rate 1: Timeliness of Prenatal Care. The percentage of deliveries that received a prenatal care visit as a patient of the organization in the first trimester or within 42 days of enrollment in the organization.  • Rate 2: Postpartum Care. The percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery.	WH	NCQA		EHR

<sup>2</sup> American Medical Association - Physician Consortium for Performance Improvement

<sup>3</sup> QIP = CMS Quality Improvement Program

Prevention							
Measure	NQF	ACO	Measure Description	Pediatric/ Women's Health	Measure Steward	eCQM	Proposed Data Source
<b>Frequency of ongoing prenatal care</b>	1517		Percentage of Medicaid deliveries between November 6 of the year prior to the measurement year and November 5 of the measurement year that received the following number of expected prenatal visits: <ul style="list-style-type: none"> <li>•&lt;21 percent of expected visits</li> <li>•21 percent–40 percent of expected visits</li> <li>•41 percent–60 percent of expected visits</li> <li>•61 percent–80 percent of expected visits</li> <li>•&gt; or =81 percent of expected visits</li> </ul>	WH	NCQA		EHR
<b>Maternal depression screening</b>	<del>1516</del> <sup>4</sup>		The percentage of children who turned 6 months of age during the measurement year, who had a face-to-face visit between the clinician and the child during child's first 6 months, and who had a maternal depression screening for the mother at least once between 0 and 6 months of life.	WH	NCQA	eCQM	Claims
<b>Annual dental visit</b>			The percentage of individuals ages 1 to 20 who are enrolled in Medicaid or CHIP Medicaid Expansion programs for at least 90 continuous days, are eligible for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services, and who received at least one preventive dental service during the reporting period.	P	CMS		Claims

<sup>4</sup> No longer NQF endorsed

Behavioral Health								
Measure	NQF	ACO	Measure Description	Pediatric/ Women's Health	Measure Steward	eCQM	Proposed Data Source	
<b>Follow-up care for children prescribed ADHD medication</b>	0108		<p>The percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. Two rates are reported.</p> <ul style="list-style-type: none"> <li>• Initiation Phase. The percentage of members 6–12 years of age as of the IPSP with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with practitioner with prescribing authority during the 30-day Initiation Phase.</li> <li>• Continuation and Maintenance (C&amp;M) Phase. The percentage of members 6–12 years of age as of the IPSP with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.</li> </ul>	P	NCQA		Claims	
<b>Depression Remission at 12 Twelve Months</b>	0710		<p>Adult patients age 18 and older with major depression or dysthymia and an initial PHQ-9 score &gt; 9 who demonstrate remission at twelve months defined as a PHQ-9 score less than 5. This measure applies to both patients with newly diagnosed and existing depression whose current PHQ-9 score indicates a need for treatment.</p> <p>The Patient Health Questionnaire (PHQ-9) tool is a widely accepted, standardized tool [Copyright © 2005 Pfizer, Inc. All rights reserved] that is completed by the patient, ideally at each visit, and utilized by the provider to monitor treatment progress.</p> <p>This measure additionally promotes ongoing contact between the patient and provider as patients who do not have a follow-up PHQ-9 score at twelve months (+/- 30 days) are also included in the denominator.</p>		MNCM: MN		EHR	
<b>Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment</b>	1365		Percentage of patient visits for those patients aged 6 through 17 years with a diagnosis of major depressive disorder with an assessment for suicide risk	P	AMA-PCPI <sup>5</sup>		EHR	
<b>Preventive Care and Screening: Unhealthy Alcohol Use – Screening</b>	PQRS 173		Percentage of patients aged 18 years and older who were screened for unhealthy alcohol use at least once within 24 months using a systematic screening method**		AMA-PCPI <sup>6</sup>			

<sup>5</sup> American Medical Association - Physician Consortium for Performance Improvement

<sup>6</sup> American Medical Association - Physician Consortium for Performance Improvement

Acute & Chronic Care							
Measure	NQF	ACO	Measure Description	Pediatric/ Women's Health	Measure Steward	eCQM	Proposed Data Source
<b>Medication management for people with asthma</b>	1799		The percentage of patients 5-64 years of age during the measurement year who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period. Two rates are reported. 1. The percentage of patients who remained on an asthma controller medication for at least 50% of their treatment period. 2. The percentage of patients who remained on an asthma controller medication for at least 75% of their treatment period.		NCQA		Claims
<b>Disease modifying anti-rheumatoid arthritis</b>	0054		The percentage of patients 18 years and older by the end of the measurement period, diagnosed with rheumatoid arthritis and who had at least one ambulatory prescription for a disease-modifying anti-rheumatic drug (DMARD).		NCQA		Claims
<b>DM: Hemoglobin A1c Poor Control (&gt;9%)</b>	0059	27	<b>(Outcome Measure)</b> The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) whose most recent HbA1c level during the measurement year was greater than 9.0% (poor control) or was missing a result, or if an HbA1c test was not done during the measurement year.		NCQA	eCQM	EHR
<b>DM: Diabetes eye exam</b>	0055	41	The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) who had an eye exam (retinal) performed.		NCQA	eCQM	Claims
<b>DM: Diabetes foot exam</b>	0057		The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) who received a foot exam (visual inspection and sensory exam with mono filament and a pulse exam) during the measurement year		NCQA		Claims
<b>DM: Diabetes: medical attention for nephropathy</b>	0062		The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) who received a nephropathy screening test or had evidence of nephropathy during the measurement year.		NCQA	eCQM	Claims
<b>HTN: Controlling high blood pressure</b>	0018	28	<b>(Outcome Measure)</b> The percentage of patients 18 to 85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90) during the measurement year.		NCQA	eCQM	EHR
<b>CHF: beta-blocker therapy for left ventricular systolic dysfunction</b>	0083	31	Percentage of patients aged 18 years and older with a diagnosis of heart failure (HF) with a current or prior left ventricular ejection fraction (LVEF) < 40% who were prescribed beta-blocker therapy either within a 12 month period when seen in the outpatient setting OR at each hospital discharge		AMA/P CPI/ACC / AHA/A MA	eCQM	Claims

Acute & Chronic Care								
Measure	NQF	ACO	Measure Description	Pediatric/ Women's Health	Measure Steward	eCQM	Proposed Data Source	
<b>COPD: Use of spirometry testing in the assessment and diagnosis of COPD</b>	0577		The percentage of patients 40 years of age and older with a new diagnosis of COPD or newly active COPD, who received appropriate spirometry testing to confirm the diagnosis.		NCQA		Claims	
<b>CAD: Persistence of Beta blocker therapy after a heart attack</b>	0071		The percentage of patients 18 years of age and older during the measurement year who were hospitalized and discharged alive from 6 months prior to the beginning of the measurement year through the 6 months after the beginning of the measurement year with a diagnosis of acute myocardial infarction (AMI) and who received persistent beta-blocker treatment for six months after discharge.		NCQA		Claims	
<b>CAD: Medication adherence<sup>7</sup></b>	0543		The percentage of individuals with coronary artery disease (CAD) who are prescribed statin therapy that had a Proportion of Days Covered (PDC) for statin medications of at least 0.8 during the measurement period (12 consecutive months)		CMS		Claims	
<b>Use of imaging studies for low back pain</b>	0052		<p>The percentage of members with a primary diagnosis of low back pain who did not have an imaging study (plain x-ray, MRI, CT scan) within 28 days of the diagnosis.</p> <p>The measure is reported as an inverted rate [1 – (numerator/eligible population)]. A higher score indicates appropriate treatment of low back pain (i.e., the proportion for whom imaging studies did not occur).</p>		NCQA	eCQM	Claims	
<b>Avoidance of antibiotic treatment in adults with acute bronchitis</b>	NQF 0058		The percentage of adults 18–64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription.		NCQA		Claims	
<b>Appropriate treatment for children with upper respiratory infection</b>	NQF 0069		Percentage of children 3 months to 18 years of age with a diagnosis of URI who were not dispensed an antibiotic medication.	P	NCQA	eCQM	Claims	

<sup>7</sup> No longer NQF endorsed

Obstetrics							
Measure	NQF	ACO	Measure Description	Pediatric/ Women's Health	Measure Steward	eCQM	Proposed Data Source
<b>Elective Delivery</b>	0469		This measure assesses patients with elective vaginal deliveries or elective cesarean sections at $\geq 37$ and $< 39$ weeks of gestation completed. This measure is a part of a set of five nationally implemented measures that address perinatal care (PC-02: Cesarean Section, PC-03: Antenatal Steroids, PC-04: Health Care-Associated Bloodstream Infections in Newborns, PC-05: Exclusive Breast Milk Feeding)	WH	Joint Commis sion		Claims

UNDER REVIEW – for Care Coordination/ Patient Safety							
Measure	NQF	ACO	Measure Description	Pediatric/ Women's Health	Measure Steward	eCQM	Proposed Data Source
<b>Risk standardized all condition readmission</b>	1789	8	The measure estimates a hospital-level risk-standardized readmission rate (RSRR) of unplanned, all-cause readmission after admission for any eligible condition within 30 days of hospital discharge. The measure reports a single summary risk-standardized readmission rate (RSRR), derived from the volume-weighted results of five different models, one for each of the following specialty cohorts based on groups of discharge condition categories or procedure categories: surgery/gynecology, general medicine, cardiorespiratory, cardiovascular, and neurology, each of which will be described in greater detail below. The measure also indicates the hospital-level standardized risk ratios (SRR) for each of these five specialty cohorts. The outcome is defined as unplanned readmission for any cause within 30 days of the discharge date for the index admission. Admissions for planned procedures that are not accompanied by an acute diagnosis do not count as readmissions in the measure outcome. The target population is patients 18 and over. CMS annually reports the measure for patients who are 65 years or older and are enrolled in fee-for-service (FFS) Medicare and hospitalized in non-federal hospitals.		CMS		



<b>UNDER REVIEW – for Care Coordination/ Patient Safety</b>								
Measure	NQF	ACO	Measure Description	Pediatric/ Women's Health	Measure Steward	eCQM	Proposed Data Source	
<b>Plan all-cause readmission</b>	1768		<p>For patients 18 years of age and older, the number of acute inpatient stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission. Data are reported in the following categories:</p> <ol style="list-style-type: none"> <li>1. Count of Index Hospital Stays* (denominator)</li> <li>2. Count of 30-Day Readmissions (numerator)</li> <li>3. Average Adjusted Probability of Readmission</li> </ol> <p>*An acute inpatient stay with a discharge during the first 11 months of the measurement year (e.g., on or between January 1 and December 1).</p>		NCQA			
<b>Skilled Nursing Facility 30-day All-Cause Readmission Measure (SNFRM)</b>		35			CMS			
<b>All-cause unplanned admissions for patients with DM</b>		36	<p>ACO 36, 37, and 38 are under development through a CMS contract with Yale New Haven Health Services Corporation/ Center for Outcomes Research and Evaluation (CORE) to develop quality measures specifically for ACO patients with heart failure, diabetes, and multiple chronic conditions. We believe that these measures are important to promote and assess ACO quality as it relates to chronic condition inpatient admission because these chronic conditions are major causes for unplanned admissions and the addition of these measures will support the ACOs' efforts to improve care coordination for these chronic conditions. All claims based.</p>		CMS			
<b>All-cause unplanned admissions for patients with heart failure</b>		37	See above		CMS			
<b>All-cause unplanned admission for multiple chronic conditions (MCC)</b>		38	See above					
<b>Ambulatory Sensitive conditions admissions: chronic obstructive pulmonary disease (COPD) or asthma in older adults</b>	0275	9	This measure is used to assess the number of admissions for chronic obstructive pulmonary disease (COPD) per x number of attributed COPD patients.		AHRQ, PQI-5			
<b>Ambulatory sensitive conditions admissions: heart failure (HF)</b>	0277	10	Percent of county population with an admissions for heart failure.		AHRQ, PQI-8			

<b>UNDER REVIEW – for Care Coordination/ Patient Safety</b>								
Measure	NQF	ACO	Measure Description	Pediatric/ Women's Health	Measure Steward	eCQM	Proposed Data Source	
<b>Ambulatory sensitive admissions</b>			The composite Ambulatory Care Sensitive Admissions rate per 1,000 members age 18 and older during the measurement period. Anthem internally developed. Informed by the Agency for Healthcare Research and Quality (AHRQ) Prevention Quality Indicators. Version 4.4 March 2012. The composite Ambulatory Care Sensitive Admissions rate per 1,000 members age 18 and older during the measurement period. Includes the following admissions: Angina, Asthma/Bronchitis, COPD, Dehydration, Diabetes, Heart Failure, Hypertension, Pneumonia, UTI.		Informe d by PQI - ABCBS			
<b>Pediatric ambulatory care sensitive admissions</b>			Internally developed informed by the agency for healthcare research and quality (ahrq) pediatric quality indicators. AHRQ quality indicators version 4.4, march 2012. The composite ambulatory care sensitive admissions rate per 1,000 pediatric members under 18 years. Note: this measure only applies to pediatricians. Dx criteria can be shared if determined a viable scorecard metric	P				
<b>Hospital admissions for asthma (adults)</b>	0283		Admissions for a principal diagnosis of asthma per 100,000 population, ages 18 to 39 years. Excludes admissions with an indication of cystic fibrosis or anomalies of the respiratory system, obstetric admissions, and transfers from other institutions.					
<b>Annual % asthma patients (2-20) with 1 or more asthma-related ED visits</b>			Custom Measure - Based on the Children's Health Insurance Program Reauthorization Act (CHIPRA) Measure, but with ED Rev Codes added; NQF 1381, but with the addition of the ED Rev Codes due to CT Medicaid billing methodology. Not among the pediatric design group recommended measures. Instead proposed CHIPRA measure, hospital admissions for asthma.					
<b>Potentially avoidable ER rate</b>			Internally developed informed by research conducted by the NYU Center for Health and Public Service Research and the United Hospital Fund of New York. The rate of Potentially avoidable emergency room visits per 1,000 members. Anthem will share Dx criteria if determined a viable scorecard metric		Custom			
<b>Hospital admissions for asthma (child)</b>	0728		Admissions with a principal diagnosis of asthma per 100,000 population, ages 2 through 17 years. Excludes cases with a diagnosis code for cystic fibrosis and anomalies of the respiratory system, obstetric admissions, and transfers from other institutions.	P	AHRQ			
<b>% PCPs that meet Meaningful Use</b>		11				CMS		
<b>% adults w/ inpatient "medicine" admissions with post-admission follow-up within 7 days</b>			Custom measure for Medicaid		DSS			

## UNDER REVIEW – for Behavioral Health

Measure	NQF	ACO	Measure Description	Pediatric/ Women's Health	Measure Steward	eCQM	Proposed Data Source
<b>Adult major depressive disorder (MDD): Coordination of care of patients with specific comorbid conditions</b>			Percentage of medical records of patients aged 18 years and older with a diagnosis of major depressive disorder (MDD) and a specific diagnosed comorbid condition (diabetes, coronary artery disease, ischemic stroke, intracranial hemorrhage, chronic kidney disease [stages 4 or 5], End Stage Renal Disease [ESRD] or congestive heart failure) being treated by another clinician with communication to the clinician treating the comorbid condition		CMS		

### Acronyms:

AHRQ	Agency for Healthcare Quality and Research
ACC	American College of Cardiology
AHA	American Heart Association
AMA	American Medical Association
HEDIS	Healthcare Effectiveness Data and Information Set
MCM	Minnesota Community Measurement
MMDLN	Medicaid Medical Directors Learning Network
NCQA	National Committee of Quality Assurance
NQF	National Quality Forum
NQMC	National Quality Measures Clearinghouse
PCPI	Physician Consortium for Performance Improvement
QIP	CMS Quality Improvement Program